



Bib Data Sheet

CONFIRMATION NO. 6805

<b>SERIAL NUMBER</b> 10/664,900	<b>FILING DATE</b> 09/22/2003  <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2635	<b>ATTORNEY DOCKET NO.</b> 3699-37
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**APPLICANTS**

Aris Mardirossian, Germanown, MD;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/752,624 11/19/1996 PAT 6,646,542 *EA* ~~EA~~

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

*EA*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

**\*\* 12/11/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>EA</i> <div style="display: flex; justify-content: space-between;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**

23117  
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ARLINGTON , VA  
22203

**TITLE**

Global paging system using packet-switched digital data network and remote country designation

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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